Officer the Laberwork Reduction	II ACLUI 1995 I	to persons are required	o respond to a conection	on or infor	nation unless it displays	a valid UMB control number	
Effective Company	ve on 12/08/2004.			Complete if Known			
FEE TRANSMITTAL			Application No.	Application Number 10/5		Conf. No.: 6571	
FEE IR	AN2	MIIIAL	Filing Date		October 21, 2005		
For FY 2009			First Named In	First Named Inventor Ke		Koji TSUCHIDA	
	Examiner Nam	Examiner Name T.E		r.DICUS			
Applicant claims small	entity status.	See 37 CFR 1.27	Art Unit		1785		
TOTAL AMOUNT OF PAYA	MENT (\$)	180.00	Attorney Docke	et No.	3273-0215PUS1		
METHOD OF PAYMENT	(check all t	hat apply)					
Check Credit C	ard M	oney Order N	None Other	please ide	entify):		
Deposit Account De	posit Account I	Number: 02-2448	Deposit A	ccount Na	ıme:		
For the above-identif	ied deposit ac	count, the Director is	hereby authorized to	o: (check	all that apply)		
✔ Charge fee(s)	indicated belo	ow .	Char	ge fee(s)	indicated below, exc	ept for the filing fee	
Charge any ac	ditional fee(s	) or underpayments o	f fee(s) Cred	it any ov	erpayments		
under 37 CFR WARNING: Information on this	1.16 and 1.1	7	U Olca	•		vide credit card	
information and authorization		ome public. Oreuit card	miorinauon snouig i	iot be iiic	idaea on ans ionn, Fic	vide credit card	
FEE CALCULATION							
1. BASIC FILING, SEAR	CH, AND E	XAMINATION FEE	S				
	FILING F		ARCH FEES	EXAN	MINATION FEES		
<b>Application Type</b>		<u>nali Entity</u> Fee (\$)	Small Entity  (\$) Fee (\$)	Fee	Small Entity (\$) Fee (\$)	Fees Paid (\$)	
Utility	330	165 54		220			
Design	220	110 10	0 50	140	70		
Plant	220	110 33		170	• •		
Reissue	330	165 54		650	3.0		
Provisional	220		0 0	(			
2. EXCESS CLAIM FEE			· ·	·	·	Small Entity	
Fee Description	-				<u>Fee (\$)</u>	Fee (\$)	
Each claim over 20 (including Reissues)					52 220	26 110	
Each independent claim over 3 (including Reissues)  Multiple dependent claims					390	195	
Total Claims						pendent Claims	
- 20 or HP =	0	x =	0.00		Fee (\$)	Fee Paid (\$)	
HP = highest number of total		if greater than 20.				<u></u>	
	Extra Claims		Fee Paid (\$)				
3 or HP = HP = highest number of indep		X = _	0.00				
3. APPLICATION SIZE F	EE .			-14	:11 61- 4		
If the specification and listings under 37 CF							
sheets or fraction the					sman oncicy) for c	ach additional 50	
Total Sheets	Extra Sheet	<u>Number of a </u>	each additional 50	<u>or fráctic</u>			
100 =	0	_ / 50 =0	(round <b>up</b> to a	whole nu	ımber) x	=0.00	
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)  Fees Paid (\$)							
• •	•	•	•			400.00	
Other (e.g., late filing	surcnarge):	miormacon Disclosu	ie Statement		· · · · · · · · · · · · · · · · · · ·	180.00	
SUBMITTED BY	Λ-						
Signature G	GAL	RTH M. DAHLEN PTO #43 575	Registration No. (Attorney/Agent)	32181	Telephone	9 703-205-8000	
Name (Print/Type) Marc S. W	einer US	PTO #43 FT	, , , , , , , , , , , , , , , , , , , ,		Date A	PR 2 1 2010	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.